

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

4852

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1015

BIRTH NO.

PLACE OF DEATH
AND
USUAL RESIDENCE

1. PLACE OF DEATH A. COUNTY <u>Pima</u>	B. LENGTH OF STAY IN THIS TOWN <u>32 yrs</u> IN ARIZONA <u>32 yrs</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u> C. CITY OR TOWN <u>Tucson</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DECEASED
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>HERBERT</u> B. (MIDDLE) <u>LAVATOR</u> C. (LAST) <u>TUCKER</u>	4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
6B. NAME OF SPOUSE <u>Rozella Tucker</u>	7. DATE OF BIRTH MONTH <u>10</u> DAY <u>6</u> YEAR <u>1885</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>76</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Inspector</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Iowa</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>
14A. FATHER'S NAME <u>James E. Tucker</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>	15A. MOTHER'S MAIDEN NAME <u>Ella Schaller</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>
16. INFORMANT'S SIGNATURE <u>Rozella Tucker</u>		17. DATE OF DEATH (MONTH) <u>May</u> (DAY) <u>25</u> (YEAR) <u>1962</u>	

CAUSE
OF
DEATH
(ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>MYOCARDIAL INFARCTION</u> DUE TO (B) <u>CORONARY THROMBOSIS</u> DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
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OPERATIONS,
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>MAY 23rd 1962</u> TO <u>MAY 25, 1962</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>MAY 23, 1962</u> AND THAT DEATH OCCURRED AT <u>2:00 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
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DEATH
DUE TO
EXTERNAL
VIOLENCE

22A. SIGNATURE <u>[Signature]</u> (DEGREE OR TITLE) <u>M. D.</u>	22B. ADDRESS <u>1115 E. 6th St.</u>	22C. DATE SIGNED <u>5-26-62</u>
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

DRONER'S
CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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UNERAL
DIRECTOR
AND
GISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>5-28-62</u>	25C. NAME OF CEMETERY OR CREMATORY <u>South Lawn Memorial Park</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>
26A. DATE REC'D BY LOCAL REG.	26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Howard A. Bung</u>	27B. ADDRESS <u>Bring's Funeral Home</u> <u>Tucson, Arizona</u>
	28A. EMBALMER'S SIGNATURE <u>[Signature]</u>	28B. EMBALMER'S CERT. NO.	404 A